



**Department of Mental Retardation
eSDR Authorization Form
for DMR Staff**

Region: _____

The individual(s) identified below are authorized to access the electronic Service Delivery Report (eSDR) system.

Last Name	First Name	DMR e-mail address	Phone #	MMARS ID (if available)	Type of Permission	Code

***Type of Permission:**

- 0: Create SDRs and PVs
- 1: Create, submit and review SDRs and PVs
- 2: Create, submit, review and approve SDRs and PVs (the individual must have their signature on file at the Comptroller's Office for this security level. If they do not, request security level #1 and change it after their signature is on file)

****Code:**

- C: Change
- A: Add
- D: Delete

To be signed by Regional Operations Manager

Signature